V. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1947

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 12593

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 161

**1. PLACE OF DEATH:**

(a) County BUTLER

(b) City or town POPLAR BLUFF MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 20 YEARS years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MO (b) County BUTLER 12

(c) City or town POPLAR BLUFF MO (If outside city or town limits, write "RURAL") 7

(d) Street No. 516 So 7th ST. (If rural, give location) 3

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HAROLD EMMETT BARNES

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Oct (Month) 2 (Day) 1921 (Year)

8. AGE: Years 25 Months 6 Days 4 If less than one day hr. min.

9. Birthplace GATEWOOD (City, town, or county) MO 0 (State or foreign country)

10. Usual occupation CAB DRIVER

11. Industry or business

FATHER
12. Name ARTHUR BARNES
13. Birthplace RANDOLPH CO (City, town, or county) ARK. 1 (State or foreign country)

MOTHER
14. Maiden name IDA HAYES
15. Birthplace MT. VERNON (City, town, or county) ILL 1 (State or foreign country)

16. (a) Informant Arthur Barnes

(b) Address 516 So 7th St Poplar Bluff Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 8 (Month) 1947 (Day) (Year)

(c) Place: burial or cremation WOODLAWN CEM

18. (a) Signature of funeral director N. T. Phelps

(b) Address Poplar Bluff Mo

19. (a) 4/16/47 (Date received local registrar) (b) R H Minette (Registrar's signature) 25

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month APRIL day 6 year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 1 Mar 47, 19 to 4 April, 19 47 that I last saw him alive on 4 April, 19 47 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Pulmonary Tuberculosis Bilateral | 6 mo |
| Due to Pharyngeal Tuberculosis | 1 mo |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 13 B
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature A F Brockreson MD (M. D. or other)

Address Poplar Bluff Mo Date signed 11 April 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No.
District File Number 447-61
Date Filed 4-22-47

DEC 13 1954

MAY 5 1947

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed N. T. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**